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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P05996** **(4)**

1. Corporation Name
KEMPER/CYMROT MANAGEMENT, INC.

Principal Place of Business	Mailing Address
120 S LASALLE ST 13TH FLOOR CHICAGO IL 60603 US	120 S LASALLE ST 13TH FLOOR CHICAGO IL 60603-3501 US

3. Date Incorporated or Qualified: 05/13/1985	3a. Date of Last Report: 04/01/1996
4. FEI Number: 94-2850863	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business
21 225 W. WASHINGTON
22 Suite Apt. #, etc. Suite 1450
23 City & State Chicago IL
24 Zip 60606 25 Country USA

2a. Mailing Address
26 225 W. WASHINGTON
27 Suite Apt. #, etc. Suite 1450
28 City & State Chicago IL
29 Zip 60606 30 Country USA

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE (Required if this is a change of registered agent. Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYP: PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAM: STEPHENS, FREDERICK L.		1.2 NAME	
STREET ADDRESS: 120 S LASALLE ST		1.3 STREET ADDRESS	225 W. WASHINGTON ST. STE 1450
CITY-ST-ZIP: CHICAGO IL		1.4 CITY-ST-ZIP	CHICAGO IL 60606
TYP: VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAM: BLACKMON, FREDERICK L.		2.2 NAME	
STREET ADDRESS: 1 KEMPER DR		2.3 STREET ADDRESS	
CITY-ST-ZIP: LONG GROVE IL		2.4 CITY-ST-ZIP	
TYP: VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAM: SCOTT, JOHN B.		3.2 NAME	
STREET ADDRESS: 1 KEMPER DR		3.3 STREET ADDRESS	
CITY-ST-ZIP: LONG GROVE IL		3.4 CITY-ST-ZIP	
TYP: S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAM: REZABEK, DEBRA P.		4.2 NAME	
STREET ADDRESS: ONE KEMPER DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP: LONG GROVE IL		4.4 CITY-ST-ZIP	
TYP: AS	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAM: MURRAY, WILLIAM		5.2 NAME	
STREET ADDRESS: 120 S LASALLE ST		5.3 STREET ADDRESS	225 W. WASHINGTON ST STE 1450
CITY-ST-ZIP: CHICAGO IL		5.4 CITY-ST-ZIP	CHICAGO IL 60606
TYP: T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAM: DANIEL, ROBERT A.		6.2 NAME	
STREET ADDRESS: ONE KEMPER DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP: LONG GROVE IL		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: William J. Murray William Murray, AS 3-17-97 312-236-1513 Ext 382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0482174